NHS CONFEDERATION

Trust me... I'm a leader

A personal view from Dr Clare Gerada, commissioned by the NHS Confederation

The voice of NHS leadership

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This report forms part of our work programme on **Supporting a new style of NHS leadership**. To read more about our work in this area, see **www.nhsconfed.org/leadership**

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Foreword

The need for exemplary leadership in the NHS is greater than ever. The NHS faces its biggest ever challenge of a £20 billion productivity requirement, the huge pressures facing the social care system and the need to drive up quality of care and health outcomes, all set amid a time of immense change, which will see a new system in place from April 2013.

In response to this significant challenge, it is clear that there is a desire from leaders across the system to work closely together to build a shared leadership approach, using and developing a variety of leadership skills.

This paper is the second in a series which explores in detail the needs of healthcare leaders in the new system. The NHS Confederation has asked respected and influential leaders from the NHS, public, voluntary and private sectors to share their personal insights into leadership in the run up to the 2013 NHS Confederation annual conference and exhibition. The series aims to stimulate discussion about the importance of leaders being able to adapt to working in the new system by developing new skills, building trust, leading through influence and acting courageously. We will also discuss what steps will need to be taken to ensure these skills are developed for the future.

Written by Dr Clare Gerada, this paper draws on her experiences as a leader and clinician working within the healthcare system. She stresses that trust should not be underestimated by leaders in the NHS, whom she believes have the responsibility for maintaining the public's trust, built up over the last 60 years.

Examining the key ingredients for building trust, Dr Gerada highlights the importance of language and shares her concerns that the language of marketing is replacing the language of caring. She calls on NHS leaders to build trust by showing care and compassion to staff and patients and demonstrating courage and

integrity. Key to this, she argues, is facilitating open and honest conversations and really listening and responding to what people say.

Furthermore, she argues that the NHS can no longer rely on lone, heroic leaders. Instead, the health service needs to build an environment where leadership is collaborative, talent is pooled and no one's voice goes unheard.

This paper was authored by Dr Clare Gerada, a London-based GP and chair of the Royal College of General Practitioners (RCGP). She also serves as the medical director of the largest practitioner health programme in the country. Dr Gerada has held a number of local and national leadership positions, including Senior Medical Adviser to the Department of Health. Prior to general practice, she worked in psychiatry in London, specialising in substance misuse. In 2000, she was awarded an MBE for services to medicine and substance misuse, and in 2012 Dr Gerada was presented with the National Order of Merit award in Malta for distinguishing herself in the field of health.

Trust me... I'm a leader

Courage and honesty are nothing without trust

Courage and honesty are undoubtedly important qualities for good leadership. But I believe that in themselves they are not enough to guarantee good leadership – they are only half the story. We all know it is possible for a leader to push through massive organisational change in the face of near-universal opposition. You could describe such a leader as 'courageous'. But you could also see them as something else – sometimes we mistake stubbornness for courage. Of course leaders need courage, but it is a quality that should come with a health warning. Courage and honesty are nothing without trust.

My 'Ratner moment'

Honesty should come with a health warning too. It goes without saying that good leaders need to be honest. But used indiscriminately, honesty can be damaging and counterproductive. I know this to my cost. When I was running the Practitioner Health Programme – a service for doctors and dentists in London with mental, physical and/or addiction problems – I had my very own 'Ratner moment'. At the end of a long press briefing discussing the degree and extent of substance misuse I had seen among medics, I was asked about what drugs doctors take. "Doctors use every drug under the sun …", I replied. *That* became the story.

In my experience, courage and honesty are nothing without trust. As qualities we all possess, to a greater or lesser degree, we can all aspire to be more courageous and honest than we are. The same, however, cannot be said of trust – it is an all-or-nothing thing. It is the foundation of a healthy society, influencing all of our relationships and all of our institutions.

When we trust someone, we have a firm belief in them. We believe them when they say they will do something and when they tell us "the NHS is safe in our hands." If they are leading us, we also believe they have the ability and competence to do their job well. So, the leader who inspires trust carries a heavy burden of responsibility, because most of us are willing to accept their truth without evidence or investigation.

Measuring the value of trust

Measuring the value of trust in an organisation is a significant gauge. According to management guru Steven Covey, when trust in a company or relationship is low, "it places a hidden 'tax' on every transaction. Every communication, interaction, strategy and decision is taxed, bringing speeds down and sending costs up."

We know this. Think of upcoding and gaming and how much time now has to be spent checking every invoice. Such quality assurance steps imply that coding activity may not be trusted, and lead to time-consuming steps being taken that bring speed down and push costs up.

Public trust in the NHS

Trust in our NHS has been built up over 60 years. Polls show that the general public regards the NHS as one of the most trusted institutions in the UK. A 2011 poll[1] of public trust in different professions found that doctors – at 88 per cent – were the profession most trusted to tell the truth (see Figure 1). Government ministers featured at the other end of the scale, trusted by only 17 per cent of respondents, with journalists and bankers faring slightly better, at 19 and 29 per cent respectively.

Figure 1. Public trust in different professions
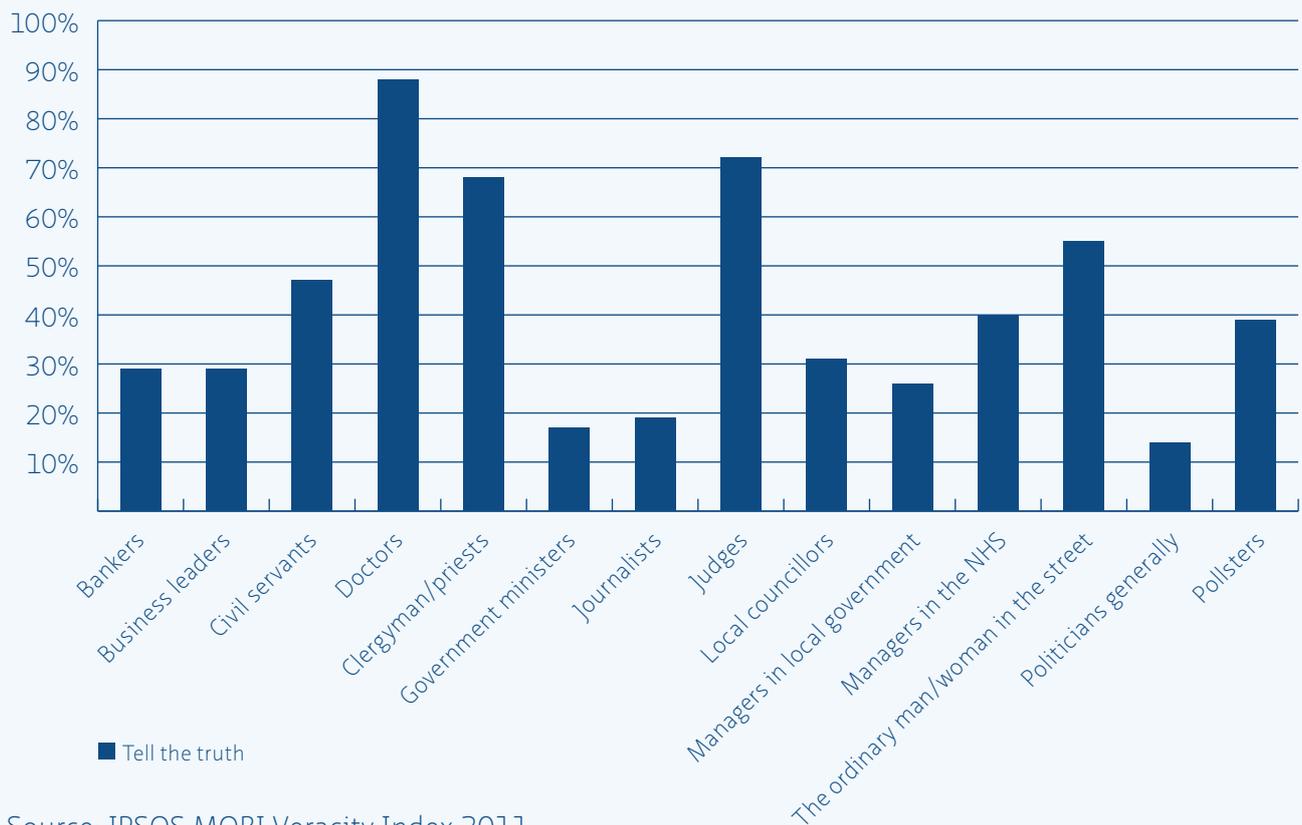
Source: IPSOS MORI Veracity Index 2011

The latest Department of Health GP Patient Survey confirmed the high levels of trust patients place in the NHS. Ninety-three per cent of respondents said they had trust and confidence in the last GP they saw, and the majority – 86 per cent – said the same of the last nurse they saw. So, in the NHS, we have the enormous advantage of starting from a place of trust. In these testing times, leaders who inspire and deserve trust are crucial. It is more important than ever for those of us in positions of leadership to earn and keep the trust of those we lead and serve.

Building trust with patients

So, how do we build this much needed trust with our patients? I suggest three ways.

First, we must watch our language. I am concerned that the language of marketing is changing the precious clinician-patient relationship into a crudely costed financial procedure. I am not alone in my concern, with doctors, managers and other NHS staff sharing this worry too. A King's Fund survey[2] showed mixed but mainly hostile reactions from NHS staff and managers to talking about patients as 'customers'. Referring to patients in such a way, or using insulting terms like 'frequent flyers' or even 'costed aliquots of activity', risks us losing sight of patients as people. What will this do to the relationship of trust between us? If we want to keep serving the best interests of our patients and retain trust, we must reject the language of the market and embrace the language of caring.

Second, we must make sure that the rationing of care is as far removed from the consulting room as possible. Patients must be confident that any decisions about their care are made in their best interests, rather than those of a budget.

Finally, we need to challenge inequalities and unfairness wherever we see them. We must hold fast to the principle that good healthcare should be available for all.

Gain followers through trust rather than fear

Jan Sobieraj, managing director of the NHS Leadership Academy, has also highlighted the need for leadership driven by the values outlined above. He argues that the NHS needs leaders not just able to communicate and manage effectively, but who can lead through their personal qualities – such as honesty and openness – and their behaviours, showing they will listen to and act on people's feedback. He says: "Good leaders need to be skilled in many areas. They must have a clear and well communicated vision, they must be able to effectively manage and change the area in which they're leading, they must be able to set direction and develop and deliver what's needed to achieve their vision."

Jan Sobieraj continues: "History gives us many leaders who have done just this. However, what sets apart the great leaders from the notorious is personal qualities – integrity, honesty, openness – ethics, and the value

> 'The identification of leadership with lone individuals standing apart and wrestling their organisations into shape disempowers leaders and stops them doing their best'

placed on working with others. Building and maintaining relationships, developing networks, encouraging others' contribution and adopting a team approach, are vital to great leadership. If you use these skills, you gain followers through trust rather than fear.

"Good leadership has a positive and direct effect on the staff around you, as well as patients. We should all aspire to be a good leader, take time to reflect on our behaviour and its effect on others, seek feedback from people we work with and act on it, and try to listen more than we talk."

Leading with compassion

Recent examples, notably the Francis report into Mid Staffordshire Foundation Trust, point to a lack of compassion in both leadership and care, resulting in errors, poor patient care and a decline in quality. Clearly, there needs to be a refocus on what matters most to patients – kindness, caring, compassion – and, perhaps more importantly, how our leaders and leadership can become the vehicle for this.

To achieve this, we need to rethink leadership and try something different to the solutions we have tried before. Such solutions relied on disruptive innovations by 'heroic' individuals willing to make sacrifices and led clinicians and managers into battle against waste and insolence, all to secure an NHS fit for the future.

The hope that the NHS will be transformed by this type of exceptional, 'heroic' leader is unrealistic. As Binney et al point out: "The identification of leadership with lone individuals standing apart and wrestling their organisations into shape paradoxically disempowers leaders and stops them doing their best."[3] Overburdening leaders and paralysing followers only leads to poor patient care and demoralised staff.

We need to move away from an environment where micro-managers demand targets and rarely collaborate. We must instead create one where the boundaries of leadership are widened and where people work together to pool their initiative, talents, distinct perspectives, energy and expertise. In this environment, the outcome will always be richer and greater than the sum of their individual actions. Perhaps the NHS should move towards a peleton-style leadership?

Courageous leadership – encouraging honesty

Let us come back to honesty and courage. We trust leaders who say what they think is right, even if what they tell us is not what we want to hear. We trust leaders who have the courage to put honesty above popularity. We trust leaders who act on their values, and use them as a compass to navigate through difficult times.

The health commentator Roy Lilley once said: "Trust is an essential part of leadership… leadership is a sacred trust. Leaders tell the truth and set the right example. They don't have to have all the answers. In fact, leaders gain more trust by saying, "I don't know, do you?'"[4] This takes courage. Trust has to be modelled – if you do not trust others, how can you reasonably expect them to trust to you?

We also have to learn to welcome dissent, disagreement and truth, however uncomfortable and inconvenient that may be. In order for this to happen, leaders need to have the courage to enable and facilitate vital, honest conversations in a blame-free environment. The after action review is an innovative way in which this can be done (see page 7).

Peleton-style leadership – a model for the NHS?

A peleton is the main pack of riders in a road cycling race. Riders at the front of the pack cut the wind drag for the riders behind, making it easier for them to cycle. Taking turns at the head of the peleton allows the whole field to travel faster and for longer than any one rider could manage alone. No rider – no matter how strong – can win without cooperating with others.

Together, the group focuses its attention on the task ahead, cycling over many miles and dealing with difficult weather conditions and terrain.

This style perfectly matches the idea that leadership is a symbiotic relationship between those who choose to lead and those who decide to follow.

It represents the perfect model for the NHS to follow – it encourages competition to be the best, while everybody works together to move the whole group forward. It works for cyclists and, with some imagination, could work for the NHS.

The art of listening

Good leaders need to show their dedication to caring for service users, which means really listening to what staff and patients have to say.

As part of the National Patient Feedback Challenge, Nottinghamshire Healthcare pioneered an integrated and creative approach to engaging all parts of the organisation in listening and responding to patients' experiences, with the aim of changing services, culture and lives. The scheme won the trust an award from the National Patient Experience Network, which commended the project for demonstrating "a powerful desire to put the patient at the heart of the initiative and showing strong leadership in putting the whole programme in place" (see case study below).

Case study: Improving patient experience at Nottinghamshire Healthcare

The trust used a variety of methods to capture and report on patients' experiences to drive action across teams. Methods included:

- a simple, eye-catching survey
- an innovative strategy for managing online feedback via Patient Opinion
- a patient experience impact opinion workshop for 80 staff, to encourage support for the project
- collating all survey feedback, Patient Opinion feedback, complaints, forums and meetings
- creating partnerships between service users/volunteers to support teams across the trust to be beacons of good practice for all aspects of patient feedback and to spread this to other teams
- developing an accessible patient experience area on their website so that the range of feedback they collect is online, rapidly visible and easily usable by staff and the public and so improves accountability and drives change.

Each directorate now has an action plan that identifies the key issues people have raised and what is being done to tackle them.

The trust now collates an annual involvement report, which accompanies the annual report, showcasing changes made, highlighting individual stories and the actions taken across the trust in response to the feedback received. Actions include:

- the Releasing Time to Care Project, which enables staff to spend more time with service users by improving efficiency. This has led to 14 per cent more direct care time with service users
- the eating disorder service has employed a dietician for three days a week
- in forensic services, all patients at Wathwood hospital are now offered 25 hours a week of meaningful activity, such as sports, horticulture and therapy sessions
- patients painting pictures for the walls in the learning disability assessment and treatment unit to improve the environment
- a series of 'ask about...' cards, to improve communication and involvement around medication, physical health and care planning.

Professor Mike Cooke CBE, the trust's chief executive, said: "My two indicators of a successful organisation are patient and staff satisfaction. Our approach allows us to capture feedback and respond to that in an effective and timely manner. Working on the NHS Feedback Challenge with Patient Opinion inspired our staff to think more seriously about patient and carer feedback and has led to real changes and improvements in our services.

"Increased patient expectation and the growing use of web-based technologies are the future for improving services and I am delighted that we are seen to be leading in this area – it is one that is close to my heart. We want to continue to listen and respond to the people who know the kind of service they want."

After action reviews – change through candid conversation

The after action review (AAR) provides a simple vehicle to structure healthy, blame-free team interactions, with the aim of improving practice and team behaviours. The organisational and psychological barriers to being able to do this in multi-professional teams are often accentuated by the hierarchical nature of clinical contexts.

AAR encourages individual and organisational change by exploring what people and teams learn from specific events. It is based around a discussion of an event, which enables the individuals involved to learn what happened and why, what went well and what could be improved.

Strong leaders are fundamental to the success of the review. They create open, honest and safe environments for people to speak honestly and confidently. Personal insight is key, as change is more likely to occur in individuals who have personal experience of the subject under discussion.

AARs can take a number of forms, including:

• five minute sessions at the end of meetings

• discussion of patient complaints and responses

• debriefing sessions after ward rounds.

It is essential that people who lead AARs create the right environment. This can be done with simple ground rules for creating, supporting and protecting the open and honest conversations of all those involved. These candid conversations allow an organisation to understand what really happened so that lessons may be learned, giving leaders the opportunity to gain maximum benefit from every activity or task.

After action review

Preparation: Conduct the AAR immediately following the event and involve everyone who took part in the 'action'; appoint someone as facilitator.

1. What was supposed to happen?

2. What actually happened?
What went well and what could have been done better?

3. Why was there a difference?
What caused the results?

4. What can we learn from this?
What actions can be taken to improve or sustain what went well?

Capture the lessons learned in the 'lessons learned repository' for the benefit of others.

AAR was adapted for use by University College London Hospital and is now a concept widely used across the NHS.

In my view, it is right that patient and staff satisfaction is high on the list of a healthcare leader's main measures of success. It is when we lose sight of these measures that mistakes happen and trust is eroded.

So, coming back to where we started, courage and honesty are important to leadership, but they are not enough. Trust makes the world go round and can only be built by leaders who show care and compassion for patients and their staff.

Dr Clare Gerada, March 2013

Top ten learning points

1. Good leaders need to be both honest and courageous. However, honesty used indiscriminately can be damaging, and stubbornness can often be mistaken for courage. Both honesty and courage are nothing without trust.

2. It is possible to measure the value of trust to organisations; it has been found to be very significant.

3. When trust is low, it places a hidden 'tax' on every transaction, communication, strategy and decision, which brings efficiency down and pushes costs up.

4. Polls and surveys indicate that public trust in the NHS is high. The NHS has the enormous advantage of starting from a place of trust and we must make sure we continue to deserve and earn that trust as we take the NHS forward.

5. In order to maintain trust between clinicians and patients, we should refrain from using the language of marketing, which turns patients into 'customers' and puts costs above caring. Instead, we need to insist on using the language of caring and compassion.

6. Those tasked with treating patients will only be trusted if they are considered to be competent as well as caring.

7. Leaders should aim to gain followers through trust rather than fear – this means demonstrating personal qualities such as integrity, honesty and openness.

8. The NHS cannot rely on 'heroic' leadership to ensure a sustainable future. Instead, we need to create an environment where the boundaries of leadership are widened, with people working together and pooling their talents.

9. Leaders need to have the courage to enable and facilitate vital, honest conversations to take place in a blame-free environment, to obtain the personal insight needed to understand what happened when things go wrong. This enables lessons to be learned and the maximum benefit gained from every activity.

10. Good leaders need to be able to really listen to what staff and patients have to say. They should also be prepared to re-examine their beliefs in light of changing circumstances and make changes according to feedback from patients and staff.

References

1. Ipsos MORI (2011) *Trust in professions 2011.*

2. The King's Fund (2008) *Seeing the person in the patient: the point of care review paper.*

3. Binney et al (2004) *Living leadership: a practical guide for ordinary heroes.* Financial Times. Prentice Hall.

4. Roy Lilley 'Have you seen any?' blog post, 28 May 2012.

5. The **NHS Patient Feedback Challenge.**

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